

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 10 | 3/20 |
| FORMALITY REVIEW | MM | 920 | 04-09-01 |
| RESPONSE FORMALITY REVIEW | h | 945 | 06/1/04 |

INDEX OF CLAIMS

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| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| - | (Through numeral) Canceled | A | Appeal |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
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